THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRl SHATRUGHAN SINHA): (a) Allopathic/Ayurvedic medicines available in the CGHS dispensaries are supplied immediately to the CGHS beneficiaries. The bulk purchase of Allopathic medicines for CGHS are made through the Medical Stores Organisation (MSO) of the Dte. GHS. In cases where the MSO is not able to supply medicines or the Govt, specialist prescribes medicines outside the Govt, formulary, the CGHS procures the same based on the individual prescription of the beneficiaries from the authorized local chemists appointed by the CGHS. In the case of urgently needed drugs, authority slips are issued to the beneficiaries for immediate procurement through the authorized local chemist.

At present, the availability of Allopathic medicines in CGHS dispensaries is not adequate, but inconvenience to the beneficiaries on this account is minimized by purchasing medicines from the authorized local chemists appointed by the CGHS. Steps are in hand to procure essential and frequently used medicines at the earliest.

In the case of CGHS covered cities where authohsd local chemists have not been appointed for supplying Ayurvedic medicines, the beneficiaries are authorised to purchase the prescribed medicines from open market and claim reimbursement of the expenses later.

(b) and (c) No banned/expired drugs are dispensed in CGHS dispensaries/hospitals or supplied by the Medical Stores Organisation of the Dte. GHS.

In respect of Government hospitals in the country, the information is being collected and would be laid on the table of the Sabha.

Discrepancies in the popuiation policy

507. SHRl K. KALAVENKATA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether National Human Rights Commission has asked to explain certain discrepancies in the population policy of the country;

(b) if so, the details thereof; and

(c) the action taken to review the National Family Welfare Programme and policy to ensure that there is no violation of the spirit behind the policy?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) A notice was received from National Human Rights Commission on a complaint field by the "Centre for Women's Development Studies" in respect of Population Policy. It has been alleged in the complaint that the letter and spirit of the National Population Policy (NPP) is being violated in various ways and NHRC has been requested to take cognizance of the violation and to direct States to strike down the provisions in their State Population Policy which violate the principles of NPP 2000.

(c) The Department of Family Welfare does not support the disincentives proposed in some State Population Policies as they violate the principle of National Population Policy, 2000. Minister for Health and Family Welfare, has, in his letter to Chief Ministers of all States/UTs dated 2nd August, 2002 Statement Annexed *{See* below). Emphasized the need for having a common conceptual frame work while formulating State Population Policies and Strategies. Government of India has already constituted a "National Level Resource Committee' *vide* Order dated 8th March, 2002 to provide technical support to State Govts, in formulation of State Population Policies in consonance with letter and spirit of the National Population Policy 2000.

Statement

Copy of the letter of Minister of Health and Family Welfare

SHATRUGHAN SINHA DO No. N. 23011/23/2000-ply

MINISTER OF HEALTH AND FAMILY WELFARE

GOVERNMENT OF INDIA

NEW DELHI-110011

2 AUG. 2002

Dear Shri

As you are kindly aware, Central Government adopted the National Population Policy in February 2000 with an objective of achieving stable population, nationally, by 2045. For attaining this objective it is necessary to achieve certain socio-demographic indicators by 2010,

which will pave the way for stable population. Among the major goals for 2010 are:—

1. To meet the demands in full for basic reproductive and child health services, supplies and infrastructure.
2. Reducing infant mortality rate to below 30 per 1000 live births.
3. Reducing maternal mortality to below 100 per one lakh live births.
4. Achieving universal immunization of children against all vaccine preventable diseases.
5. Achieving 80% institutional deliveries and 100% deliveries by trained persons.
6. Increasing use of contraceptives with a wide basket of choices.
7. Achieving 100% registration of births, deaths, marriages and pregnancies
8. Integrating Indian system of Medicines in providing reproductive and child health services.
9. Promoting small family norm to achieve replacement levels of fertility by 2010.
10. Making school education up to age 14 free and compulsory and reduce drop out at primary and secondary school levels.
11. Promoting delayed marriage for girls.
12. Bringing about convergences in implementation of related social sector programmes so that family welfare becomes a people's centered programme.

To achieve the above goals emphasis should be laid on focused campaigns, evolving good management practices and strengthening provision of services and supplies at the grass roots level. Effective decentralization of services to Panchayat Raj bodies involvement of NGOs and private sector in creation of awareness and effecting service delivery are essential strategies which need to be adopted by the States.

Since, there are vast disparities among the States in the achievement of the ssocio-demographic indicators, the strategies for

implementation of the programmes have to be different. Some States like Kerala, Tamil Nadu, Goa have already achieved replacement level of fertility. They have to devise programmes for sustainability and enhanced investment in human beings for improving the quality of lives that people lead. On the other hand, States like Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Chattisgarh, Jharkhand and Orissa have to implement the programmes of family welfare and reproductive and child health more vigorously, in order to increase the outreach of supplies and services for promoting small family norm. The Central Government has set up an Empowered Action Group to assist these States (Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Orissa, Uttaranchal, Jharkhand and Chattisgarh), which have, so far, lagged behind, in socio-demographic achievements in devising focused programmes for improving the situation there.

Some of the State Governments like Andhra Pradesh, Uttar Pradesh, Madhya Pradesh, R^asthan and Gujarat have already formulated their State specific population policies and other State Governments have initialed action for developing their population policies. This is a welcome step. This reflects the commitment of the State Governments towards population stabilization and sustainable development.

It may be noted in this conext that National Population Policy affirms the commitment of the Government towards voluntary and informed choice and consent of citizens while availing reproductive health care services and continuation of target free approach in administering family welfare services. The,NPP-2000 provides a policy framework for advancing goals and prioritizing strategies during the next decade, to meet the reproductive and child health needs of the people of India and to achieve net replacement levels by 2010. It is based upon the need to simultaneously address issues of child survival, immunization, maternal health and contraception while increasing outreach and coverage of a comprehensive package of reproductive and child health services by Government, industry and the voluntary, Non-Government sector, working in partnership. Imposing arbitrary targets on contraception like sterilization, lUDs etc. reflects a 'topdown' approach, which goes against decentralized planning and service delivery and denies people the right to informed choice. Instead, a Community Needs Assessment Approach which aggregates the level of expectations of performance from the field into an achievable and quantified goal will be a more suitable strategy for population stabilization.

In view of these basic principles, the National Population Policy does not provide for any individual incentives or disincentives, because incentives always look small and distort response of citizens while on the other hand disincentives tend to be coercive. It has also been noticed that the disincentives always hit the poor and down trodden especially those who belong to scheduled castes and tribes and backward classes much harder than the privileged sections of society. Till the large unmet needs of those socially backward groups for health and family welfare services are met, proposing and puritive measures is clearly irrational. Similarly making a two-child norm conditional for welfare measures deprives these very sections disproportionately for whom these schemes are meant. The disincentives are also anti-women since women in our country do not enjoy the freedom to decide how many children they would like to bear. Debarring such women from contesting elections or from public employment opportunities makes a mockery of policies to empower women, Further, it will provide an impetus for sex-selective abortions and female feticide, worsening the already deplorable sex ratio in some parts of the country.

t would therefore, request you that while formulating State specific population policies, the State Government may kindly keep the conceptual framework of National Population Policy in view. Those States which have included coercive measures and disincentives in their State Population Policies may undertake a review of their Policy documents to bring them in line with the National Population Policy, 2000, with regard to the strategies for population stabilization. The Policy is based on the commitment for improving the quality of lives that people lead without any coercion or controlling the option of the citizens. In this regard, you may like to take the help of National Level Resource Committee constituted by this Department. A copy of the Order relating to his Committee is enclosed.

As Population Policy is an issue of vital concern for the overall socio-economic development of the States and is not merely a health related issue, I would request you to assume a leadership role in formulation of the policy framework.

I am enclosing an article of Prof. Amartya Sen, Noble Laureate and a note prepared by us on two-child norm and on incentives and disincentives, which you may find useful.

Yours faithfully,
(SHATRUGHAN SINHA)